

Dependent Ineligibility Affidavit

This form is to be used to affirm that a dependent qualifying child/qualifying relative, is NOT eligible for coverage under PEIA. Must be notarized.

I, _____ hereby affirm that
(fill in policyholder's full name and Social Security Number)

the child/relative, _____, is no longer qualified for
(fill in child's full name)

coverage under PEIA because he/she does not reside in my household and is not dependent upon me for more than 50% of his/her financial support and maintenance. I understand that this dependent will be removed from my PEIA coverage.

I certify this information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted.

PEIA Policyholder Signature _____ Date _____

STATE OF WEST VIRGINIA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of

_____, by _____.

My commission expires: _____

Notary Public